

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

BEAU

First name

ASHLEY

Middle name

Bring your picture identification to your meeting with the trustee.

BRANNOCK

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

ASHLEY

First name

NICOLE

Middle name

BRANNOCK

Last name and Suffix (Sr., Jr., II, III)

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-5907

xxx-xx-0115

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

- I have not used any business name or EINs.

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

- I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

2970 Hartsville Pike  
Lebanon, TN 37087  
Number, Street, City, State & ZIP Code

Wilson  
County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

8. How you will pay the fee  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- No.
- Yes.

MIDDLE DISTRICT OF TN - DISMISSED CH. 13	When	6/22/15	Case number	3:15-BK-04245
WESTERN DIST OF KY-DISMISSED CHAPTER 13	When	10/10/12	Case number	1:12-bk-11345
MID DISTRICT OF TN-CHAPTER 7 DISCHARGED	When	12/09/08	Case number	3:08-bk-11591

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- No
- Yes.

Debtor	Relationship to you
District	When
Debtor	Relationship to you
District	When

11. Do you rent your residence?

- No. Go to line 12.
- Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
  - No. Go to line 12.
  - Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a. <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ BEAU ASHLEY BRANNOCK  
BEAU ASHLEY BRANNOCK  
Signature of Debtor 1

Executed on March 10, 2017  
MM / DD / YYYY

/s/ ASHLEY NICOLE BRANNOCK  
ASHLEY NICOLE BRANNOCK  
Signature of Debtor 2

Executed on March 10, 2017  
MM / DD / YYYY

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David F. Cannon  
Signature of Attorney for Debtor

Date March 10, 2017  
MM / DD / YYYY

David F. Cannon

Printed name

LAW OFFICE OF DAVID F CANNON

Firm name

ATTORNEYS AT LAW  
346 21ST AVE NORTH  
Nashville, TN 37203

Number, Street, City, State & ZIP Code

Contact phone (615) 321-8787

Email address

dcannon@davidcannon.net

Bar number & State

**United States Bankruptcy Court**  
**Middle District of Tennessee**

In re BEAU ASHLEY BRANNOCK  
ASHLEY NICOLE BRANNOCK

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <u>2,500.00</u>
Prior to the filing of this statement I have received .....	\$ <u>0.00</u>
Balance Due .....	\$ <u>2,500.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

I have agreed to accept a fee as stated above for routine bankruptcy services normally rendered for Chapter 7 clients in the Middle District of Tennessee U.S. Bankruptcy Court as described in the Attorney-Client Representation Agreement.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Services excluded are non-routine services not normally rendered for Chapter 7 clients in the Middle District of Tennessee U.S. Bankruptcy Court as described in the Attorney-Client Representation Agreement.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 10, 2017  
*Date*

/s/ David F. Cannon

David F. Cannon

*Signature of Attorney*

LAW OFFICE OF DAVID F CANNON

ATTORNEYS AT LAW

346 21ST AVE NORTH

Nashville, TN 37203

(615) 321-8787 Fax: (615) 620-7340

dcannon@davidcannon.net

*Name of law firm*

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE				
Case number (if known)				

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

**Your assets**  
Value of what you own

1. <b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ 0.00
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 17,760.53
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 17,760.53

#### Part 2: Summarize Your Liabilities

**Your liabilities**  
Amount you owe

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ 23,249.99
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 23,249.99
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ 4,582.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 4,582.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 26,169.40

**Your total liabilities** \$ 54,001.39

#### Part 3: Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)	\$ 4,555.00
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 4,555.00
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ 3,870.00
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 3,870.00

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 5,057.97

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	<b>Total claim</b>
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 4,582.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$ 4,582.00</b>

Fill in this information to identify your case and this filing:

Debtor 1	BEAU ASHLEY BRANNOCK	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE				
Case number _____				

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1 Make: KIA  
Model: SPECTRA  
Year: 2006  
Approximate mileage: 131,000  
Other information:

##### Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$2,100.00 \$2,100.00

3.2 Make: MAZDA  
Model: 5  
Year: 2013  
Approximate mileage: 60,000  
Other information:

##### Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$12,050.00 \$12,050.00

##### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> \$14,150.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

SEE ATTACHED LIST

\$1,280.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

SEE ATTACHED LIST

\$50.00

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

SEE ATTACHED LIST

\$140.00

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

CLOTHING

\$200.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

SEE ATTACHED LIST

\$20.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$1,690.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. CHECKING FSNB \$5.00

17.2. CHECKING WILSON BANK AND TRUST \$1,915.53

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No  
 Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No  
 Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- No  
 Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No  
 Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No  
 Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No  
 Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No  
 Yes. Describe each claim.....

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known) \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$1,920.53

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	\$0.00
56. Part 2: Total vehicles, line 5	\$14,150.00
57. Part 3: Total personal and household items, line 15	\$1,690.00
58. Part 4: Total financial assets, line 36	\$1,920.53
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$17,760.53
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$17,760.53

**SCHEDULE B: PERSONAL PROPERTY – HOUSEHOLD INVENTORY**

The US Bankruptcy Code requires a complete disclosure of all personal property including items purchased, found, or received as gifts. **Replacement value** is to be used when valuing your household goods. Replacement value means the price that a retail merchant would charge you for property of that kind considering the age and condition of the property. Therefore, if you are valuing your 10 year-old stove, then you should consider how much a retailer would charge for a 10 year-old stove in the same condition as yours. You may wish to photograph or videotape the items in your home for verification purposes, but this is not required.

**All information that you are required to provide with a Bankruptcy Petition and thereafter during your Bankruptcy Case is required to be complete, accurate, and truthful. Information that you provide may be audited, and failure to provide such information may result in the dismissal of your Bankruptcy Case or other sanctions, including criminal prosecution.**

Please fill in the charts below listing any additional articles as applicable.

■ Mark  if article was purchased with a secured loan within the last year.

#### 4. APPLIANCES

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Stove			<input type="checkbox"/> Convection Oven		
<input checked="" type="checkbox"/> Microwave	1	15.00	<input type="checkbox"/> Barbeque Grill		
<input type="checkbox"/> Refrigerator			<input type="checkbox"/> Freezer		
<input type="checkbox"/> Dishwasher			<input checked="" type="checkbox"/> Washer	1	50.00
<input type="checkbox"/> Dryer			<input type="checkbox"/> Air Conditioner		
<input type="checkbox"/> Wood Burning Stove			<input checked="" type="checkbox"/> Space Heater	2	20.00
<input type="checkbox"/> Gas Logs			<input type="checkbox"/> Sewing Machine		
<input checked="" type="checkbox"/> Vacuum	2	20.00	<input type="checkbox"/> Carpet Cleaner		
<input type="checkbox"/> Floor Buffer			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>					

#### 4: ELECTRONICS

Article	Quantity	Value	Article	Quantity	Value
<input checked="" type="checkbox"/> Television	3	\$ 250	<input type="checkbox"/> Satellite Dish		\$
<input type="checkbox"/> Surround Sound		\$	<input type="checkbox"/> Stereo System		\$
<input type="checkbox"/> Portable Stereo		\$	<input type="checkbox"/> Radio		\$
<input type="checkbox"/> VCR		\$	<input checked="" type="checkbox"/> DVD Player	2	\$ 20
<input type="checkbox"/> VCR/DVD Combo		\$	<input type="checkbox"/> CD Player		\$
<input type="checkbox"/> I-Pod		\$	<input type="checkbox"/> Palm Pilot		\$
<input type="checkbox"/> MP3 Player		\$	<input type="checkbox"/> Nintendo		\$
<input type="checkbox"/> Nintendo64		\$	<input type="checkbox"/> PlayStation		\$
<input checked="" type="checkbox"/> PlayStation-II	1	\$ 110	<input type="checkbox"/> X-Box		\$
<input checked="" type="checkbox"/> Computer	1	\$ 50	<input type="checkbox"/> Laptop		\$
<input type="checkbox"/> e-machine		\$	<input type="checkbox"/> Printer		\$
<input type="checkbox"/> Scanner		\$	<input type="checkbox"/> Fax Machine		\$
<input type="checkbox"/> Photocopier		\$	<input type="checkbox"/> Typewriter		\$
<input checked="" type="checkbox"/> Telephone		\$ 10	<input checked="" type="checkbox"/> Cell Phone	1	\$ 10
<input type="checkbox"/> Answering Machine		\$	<input type="checkbox"/> Pager		\$
<input type="checkbox"/> Alarm Clock		\$	<input type="checkbox"/> Clock Radio		\$
<input type="checkbox"/> Clock		\$	<input type="checkbox"/> CB Radio		\$
<input type="checkbox"/> Police Scanner		\$			\$
<input type="checkbox"/>		\$			\$
<input type="checkbox"/>		\$			\$
			<b>ELECTRONICS</b>	<b>TOTAL</b>	<b>\$ 480</b>

#### 4: KITCHEN

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Breakfast Table		\$	<input type="checkbox"/> Breakfast Chairs		\$
<input checked="" type="checkbox"/> Kitchen Table	1	\$ 10	<input type="checkbox"/> Kitchen Chairs		\$
<input type="checkbox"/> Bar		\$	<input checked="" type="checkbox"/> Bar Stools	2	\$ 20
<input checked="" type="checkbox"/> Microwave Cart/Table	1	\$ 10	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<b>KITCHEN</b>	<b>TOTAL</b>	<b>\$ 40</b>

#### 4: KITCHENWARE

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Dinnerware/Dishes		\$	<input checked="" type="checkbox"/> Glassware/Cups		\$ 5
<input checked="" type="checkbox"/> Flatware	Set	\$ 10	<input checked="" type="checkbox"/> Cooking Ware		\$ 5
<input checked="" type="checkbox"/> Pots/Pans	Set	\$ 15	<input checked="" type="checkbox"/> Utensils		\$ 5
<input checked="" type="checkbox"/> Knives	1	\$ 5	<input type="checkbox"/> Wine Rack		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<b>KITCHENWARE</b>	<b>TOTAL</b>	<b>\$ 45</b>

#### 4: DINING ROOM

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Dining Room Table		\$	<input type="checkbox"/> Dining Room Chairs		\$
<input type="checkbox"/> China Cabinet/Hutch		\$	<input type="checkbox"/> Buffet		\$
<input type="checkbox"/> Tea Carts		\$	<input type="checkbox"/> Servers		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<b>DINING ROOM</b>	<b>TOTAL</b>	<b>\$ N/A</b>

## 4: LIVING ROOM

Article	Quantity	Value	Article	Quantity	Value
<input checked="" type="checkbox"/> Couch	2	\$ 40	<input type="checkbox"/> Sofa		\$
<input type="checkbox"/> Loveseat		\$	<input type="checkbox"/> Chair		\$
<input checked="" type="checkbox"/> Recliner		\$ 5	<input checked="" type="checkbox"/> Rocker / Glider		\$ 10
<input type="checkbox"/> Benches		\$	<input type="checkbox"/> Ottoman / Footstool		\$
<input checked="" type="checkbox"/> Coffee Table		\$ 5	<input type="checkbox"/> End Table		\$
<input checked="" type="checkbox"/> Entertainment Center		\$ 50	<input type="checkbox"/> TV Cart / Stand		\$
<input type="checkbox"/> Curio Cabinet		\$	<input type="checkbox"/> Bookcase		\$
<input type="checkbox"/> Desk		\$	<input type="checkbox"/> Fireplace Set		\$
<input type="checkbox"/> Folding / Card Table		\$			\$
<input type="checkbox"/>		\$			
			LIVING ROOM	TOTAL	\$ 110

## 4: DEN OR FAMILY ROOM

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Couch		\$	<input type="checkbox"/> Sofa		\$
<input type="checkbox"/> Loveseat		\$	<input type="checkbox"/> Chair		\$
<input type="checkbox"/> Recliner		\$	<input type="checkbox"/> Rocker / Glider		\$
<input type="checkbox"/> Benches		\$	<input type="checkbox"/> Ottoman / Footstool		\$
<input type="checkbox"/> Coffee Table		\$	<input type="checkbox"/> End Table		\$
<input type="checkbox"/> Entertainment Center		\$	<input type="checkbox"/> TV Cart / Stand		\$
<input type="checkbox"/> Curio Cabinet		\$	<input type="checkbox"/> Bookcase		\$
<input type="checkbox"/> Desk		\$	<input type="checkbox"/> Fireplace Set		\$
<input type="checkbox"/> Folding / Card Table		\$			\$
<input type="checkbox"/>		\$	DEN/FAMILY ROOM	TOTAL	\$ N/A

## 4: BEDROOM 1

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Bedroom Suite		\$	<input checked="" type="checkbox"/> Bed Frame		\$ 5
<input checked="" type="checkbox"/> Box Springs		\$ 10	<input checked="" type="checkbox"/> Mattress		\$ 150
<input type="checkbox"/> Futon		\$	<input type="checkbox"/> Day Bed		\$
<input type="checkbox"/> Night Stand		\$	<input checked="" type="checkbox"/> Dresser	2	\$ 20
<input type="checkbox"/> Chest of Drawer		\$	<input type="checkbox"/> Armoire		\$
<input type="checkbox"/> Cedar / Hope Chest		\$	<input type="checkbox"/> Vanity		\$
<input type="checkbox"/> Mirror		\$	<input type="checkbox"/> Crib		\$
<input type="checkbox"/> Bassinette		\$	<input type="checkbox"/> Toy Chest		\$
<input type="checkbox"/>		\$			\$
<input type="checkbox"/>		\$	BEDROOM 1	TOTAL	\$ 185

## 4: BEDROOM 2

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Bedroom Suite		\$	<input checked="" type="checkbox"/> Bed Frame		\$ 5
<input type="checkbox"/> Box Springs		\$	<input checked="" type="checkbox"/> Mattress		\$ 15
<input type="checkbox"/> Futon		\$	<input type="checkbox"/> Day Bed		\$
<input type="checkbox"/> Night Stand		\$	<input checked="" type="checkbox"/> Dresser		\$ 10
<input type="checkbox"/> Chest of Drawer		\$	<input type="checkbox"/> Armoire		\$
<input type="checkbox"/> Cedar / Hope Chest		\$	<input type="checkbox"/> Vanity		\$
<input type="checkbox"/> Mirror		\$	<input type="checkbox"/> Crib		\$
<input type="checkbox"/> Bassinette		\$	<input checked="" type="checkbox"/> Toy Chest	2	\$ 25
<input type="checkbox"/>		\$			\$
<input type="checkbox"/>		\$	BEDROOM 2	TOTAL	\$ 55

#### 4: BEDROOM 3

#### 4: BEDROOM 4

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Bedroom Suite		\$	<input type="checkbox"/> Bed Frame		\$
<input type="checkbox"/> Box Springs		\$	<input type="checkbox"/> Mattress		\$
<input type="checkbox"/> Futon		\$	<input type="checkbox"/> Day Bed		\$
<input type="checkbox"/> Night Stand		\$	<input type="checkbox"/> Dresser		\$
<input type="checkbox"/> Chest of Drawer		\$	<input type="checkbox"/> Armoire		\$
<input type="checkbox"/> Cedar / Hope Chest		\$	<input type="checkbox"/> Vanity		\$
<input type="checkbox"/> Mirror		\$	<input type="checkbox"/> Crib		\$
<input type="checkbox"/> Bassinette		\$	<input type="checkbox"/> Toy Chest		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$			
			<b>BEDROOM 4</b>	<b>TOTAL</b>	<b>\$ N/A</b>

#### 4: MISCELLANEOUS

Article	Quantity	Value	Article	Quantity	Value
<input checked="" type="checkbox"/> Lamps	3	\$ 15	<input type="checkbox"/> Vases		\$
<input type="checkbox"/> Mirrors		\$	<input type="checkbox"/> Pictures		\$
<input type="checkbox"/> Blinds		\$	<input type="checkbox"/> Drapery/Curtains		\$
<input type="checkbox"/> Window Treatments		\$	<input type="checkbox"/> Rugs		\$
<input checked="" type="checkbox"/> Bath Mats	1	\$ 5	<input type="checkbox"/> Shower Treatments		\$
<input checked="" type="checkbox"/> Laundry Baskets	3	\$ 10	<input type="checkbox"/> Ironing Boards		\$
<input checked="" type="checkbox"/> Brooms & Mops	1	\$ 5	<input type="checkbox"/> Buckets		\$
<input type="checkbox"/> Luggage		\$	<input type="checkbox"/> Gun Cabinet		\$
<input type="checkbox"/> Gun Rack		\$	<input checked="" type="checkbox"/> Carriage/Stroller	1	\$ 10
<input checked="" type="checkbox"/> Child Car Seat	2	\$ 25	<input checked="" type="checkbox"/> Playpen	1	\$ 10
<input checked="" type="checkbox"/> Christmas Tree	1	\$ 25	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<b>MISCELLANEOUS</b>		<b>TOTAL</b>
					\$ 115

#### 4: LINENS

Article	Quantity	Value	Article	Quantity	Value
<input checked="" type="checkbox"/> Bed Spreads		\$ 5	<input checked="" type="checkbox"/> Comforters	2	\$ 10
<input checked="" type="checkbox"/> Blankets	2	\$ 20	<input type="checkbox"/> Quilts		\$
<input checked="" type="checkbox"/> Sheets	4	\$ 40	<input checked="" type="checkbox"/> Pillows		\$ 10
<input checked="" type="checkbox"/> Pillowcases		\$ 5	<input checked="" type="checkbox"/> Towels		\$ 10
<input checked="" type="checkbox"/> Wash Cloths		\$	<input type="checkbox"/> Table Cloths		\$
<input type="checkbox"/> Table Linens/Napkins		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<b>LINENS</b>		<b>TOTAL</b>
					\$ 100

4: HOME OFFICE

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Desk		\$	<input type="checkbox"/> Chair		\$
<input type="checkbox"/> File Cabinets		\$	<input type="checkbox"/> Bookcase		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
			<b>HOME OFFICE</b>	<b>TOTAL</b>	<b>\$ N/A</b>

4: MUSICAL

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Piano		\$	<input type="checkbox"/> Organ		\$
<input type="checkbox"/> String:		\$	<input type="checkbox"/> String:		\$
<input type="checkbox"/> Wind:		\$	<input type="checkbox"/> Wind:		\$
<input type="checkbox"/> Brass:		\$	<input type="checkbox"/> Brass:		\$
<input type="checkbox"/> Percussion:		\$	<input type="checkbox"/> Percussion:		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
			<b>MUSICAL</b>	<b>TOTAL</b>	<b>\$ N/A</b>

4: LAWN AND GARDEN

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Patio Furniture		\$	<input type="checkbox"/> Chaise Lounge		\$
<input type="checkbox"/> Chairs/Benches		\$	<input type="checkbox"/> Lawnmower - Push		\$
<input type="checkbox"/> Lawnmower - Riding		\$	<input type="checkbox"/> Wheelbarrow		\$
<input type="checkbox"/> Hand Tools		\$	<input type="checkbox"/> Power Tools		\$
<input type="checkbox"/> Garden Hose		\$	<input type="checkbox"/> Weed Eater		\$
<input type="checkbox"/> Leaf Blower		\$	<input type="checkbox"/> Snow Blower		\$
<input type="checkbox"/> Tiller		\$	<input type="checkbox"/> Plants/Flowers		\$
<input type="checkbox"/> Outbuilding		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
			<b>LAWN &amp; GARDEN</b>	<b>TOTAL</b>	<b>\$ N/A</b>

5: COLLECTIONS AND COLLECTIBLES

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Books		\$	<input type="checkbox"/> Prints		\$
<input type="checkbox"/> Pictures		\$	<input type="checkbox"/> Artwork		\$
<input type="checkbox"/> Stamps		\$	<input type="checkbox"/> Coins		\$
<input type="checkbox"/> Video Tapes		\$	<input type="checkbox"/> DVDs		\$
<input checked="" type="checkbox"/> Compact Disks		\$ 30	<input type="checkbox"/> Cassette Tapes		\$
<input checked="" type="checkbox"/> Game Cartridges		\$ 20	<input type="checkbox"/> China		\$
<input type="checkbox"/> Stemware		\$	<input type="checkbox"/> Silverware		\$
<input type="checkbox"/> Tea Sets		\$	<input type="checkbox"/> Curios		\$
<input type="checkbox"/> Holiday Ornaments		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
			<b>COLLECTIONS</b>	<b>TOTAL</b>	<b>\$ 30</b>

## 6: WEARING APPAREL

CLOTHING & APPAREL					
Article	Quantity	Value	Article	Quantity	Value
<input checked="" type="checkbox"/> Clothing - Male		\$ 50	<input type="checkbox"/> Hats - Male		\$
<input type="checkbox"/> Coats - Male		\$	<input checked="" type="checkbox"/> Ties/Belts - Male		\$ 10
<input checked="" type="checkbox"/> Shoes - Male		\$ 30	<input checked="" type="checkbox"/> Miscellaneous - Male		\$ 20
<input type="checkbox"/>		\$	<b>APPAREL - MALE</b>		<b>TOTAL</b> \$ 110
Article	Quantity	Value	Article	Quantity	Value
<input checked="" type="checkbox"/> Clothing - Female		\$ 100	<input type="checkbox"/> Hats - Female		\$
<input type="checkbox"/> Coats - Female		\$	<input type="checkbox"/> Ties/Belts - Female		\$
<input checked="" type="checkbox"/> Shoes - Female		\$ 40	<input checked="" type="checkbox"/> Purses - Female	2	\$ 40
<input type="checkbox"/> Misc - Female		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<b>APPAREL - FEMALE</b>		<b>TOTAL</b> \$ 130
Article	Quantity	Value	Article	Quantity	Value
<input checked="" type="checkbox"/> Clothing - Children		\$ 100	<input type="checkbox"/> Hats - Children		\$
<input type="checkbox"/> Coats - Children		\$	<input type="checkbox"/> Ties/Belts - Children		\$
<input checked="" type="checkbox"/> Shoes - Children		\$ 50	<input type="checkbox"/> Misc - Children		\$ 50
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<b>APPAREL - CHILDREN</b>		<b>TOTAL</b> \$ 200

## Z: JEWELRY AND FURS

Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Furs		\$	<input checked="" type="checkbox"/> Wedding Band - Male		\$ 20
<input type="checkbox"/> Wedding Band-Female		\$	<input type="checkbox"/> Wedding Ring-Female		\$
<input type="checkbox"/> Ring - Male		\$	<input type="checkbox"/> Ring - Female		\$
<input type="checkbox"/> Necklace - Male		\$	<input type="checkbox"/> Necklace - Female		\$
<input type="checkbox"/> Bracelet - Male		\$	<input type="checkbox"/> Bracelet - Female		\$
<input type="checkbox"/> Earrings - Male		\$	<input type="checkbox"/> Earrings - Female		\$
<input type="checkbox"/> Body Jewelry - Male		\$	<input type="checkbox"/> Body Jewelry- Female		\$
<input type="checkbox"/> Watch - Male		\$	<input type="checkbox"/> Watch - Female		\$
<input type="checkbox"/> Charm		\$	<input type="checkbox"/> Broach		\$
<input type="checkbox"/>		\$			\$
<input type="checkbox"/>		\$			\$
			<b>JEWELRY &amp; FURS</b>	<b>TOTAL</b>	<b>\$ 20</b>

## 8: FIREARMS, CAMERAS, SPORTS, EXERCISE AND HOBBY EQUIPMENT

ITEMS, CARGO, SPORTS, EXERCISE AND HOBBY EQUIPMENT					
Article	Quantity	Value	Article	Quantity	Value
<input type="checkbox"/> Firearms		\$	<input type="checkbox"/> Polaroid Cameras		\$
<input type="checkbox"/> 35mm Cameras		\$	<input checked="" type="checkbox"/> Digital Cameras	1	\$ 20
<input type="checkbox"/> Camcorders		\$	<input type="checkbox"/> Sports Equipment		\$
<input type="checkbox"/> Golf Clubs		\$	<input type="checkbox"/> Rods, Reels & Tackle		\$
<input type="checkbox"/> Ski Equipment		\$	<input type="checkbox"/> Hobby Equipment		\$
<input checked="" type="checkbox"/> Board Games	10	\$ 30	<input checked="" type="checkbox"/> Toys		\$ 60
<input type="checkbox"/> Ping Pong/Pool Table		\$	<input type="checkbox"/> Trampolines		\$
<input type="checkbox"/> Swings		\$	<input type="checkbox"/> Playground Sets		\$
<input checked="" type="checkbox"/> Bicycles & Tricycles	2	\$ 30	<input type="checkbox"/> Scooters		\$
<input type="checkbox"/> Exercise Equipment		\$	<input type="checkbox"/> Treadmill		\$
<input type="checkbox"/> Stair Stepper		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
			<b>FIREARMS ETC</b>		
				<b>TOTAL</b>	\$ 140

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE				
Case number (if known) _____				

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2006 KIA SPECTRA 131,000 miles Line from <i>Schedule A/B</i> : 3.1	\$2,100.00	<input checked="" type="checkbox"/> \$1,020.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
2013 MAZDA 5 60,000 miles Line from <i>Schedule A/B</i> : 3.2	\$12,050.00	<input checked="" type="checkbox"/> \$1,075.21 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
SEE ATTACHED LIST Line from <i>Schedule A/B</i> : 6.1	\$1,280.00	<input checked="" type="checkbox"/> \$1,280.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
SEE ATTACHED LIST Line from <i>Schedule A/B</i> : 8.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
SEE ATTACHED LIST Line from <i>Schedule A/B</i> : 9.1	\$140.00	<input checked="" type="checkbox"/> \$140.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from <i>Schedule A/B</i>			
CLOTHING Line from <i>Schedule A/B</i> : 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-104
SEE ATTACHED LIST Line from <i>Schedule A/B</i> : 12.1	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
CHECKING: FSNB Line from <i>Schedule A/B</i> : 17.1	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
CHECKING: WILSON BANK AND TRUST Line from <i>Schedule A/B</i> : 17.2	\$1,915.53	<input checked="" type="checkbox"/> \$1,915.53 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	ASHLEY NICOLE BRANNOCK		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--	--

2.1 ADVANCE FINANCIAL/harpeth  
Creditor's Name

c/o Glen Watson,  
Attorney  
P.O. Box 121950  
Nashville, TN 37212  
Number, Street, City, State & Zip Code

Describe the property that secures the claim: \$516.03 \$2,100.00 \$0.00

2006 KIA SPECTRA 131,000 miles

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) Title Lien

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

APRIL  
Date debt was incurred 2015

Last 4 digits of account number

2.2 INLAND BANK AND TRUST  
Creditor's Name

2805 BUTTERFIELD RD  
SUITE 200  
Oak Brook, IL 60523  
Number, Street, City, State & Zip Code

Describe the property that secures the claim: \$10,974.79 \$12,050.00 \$0.00

2013 MAZDA 5 60,000 miles

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset)

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Debtor 1 BEAU ASHLEY BRANNOCK  
First Name Middle Name Last Name  
Debtor 2 ASHLEY NICOLE BRANNOCK  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

2.3 Springleaf Financial  
S  
Creditor's Name

Describe the property that secures the claim: \$ 6,707.17 Unknown \$ 6,557.17

HHG 'S

po box 3251  
Evansville, IN 47731  
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Opened  
4/20/12  
Last  
Active

Date debt was incurred 2/04/15

Last 4 digits of account number 4524

2.4 Sun Loans  
Creditor's Name

Describe the property that secures the claim: \$ 2,114.00 Unknown \$ 2,114.00

HHG 'S

620 Gallatin Pike  
Madison, TN 37115  
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Opened  
6/28/12  
Last  
Active

Date debt was incurred 12/31/12

Last 4 digits of account number 9007

2.5 World Finance  
Creditor's Name

Describe the property that secures the claim: \$ 1,469.00 Unknown \$ 1,469.00

HHG 'S

World Acceptance  
Corp/Attn Bankruptcy  
Po Box 6429  
Greenville, SC 29606  
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

Debtor 1	BEAU ASHLEY BRANNOCK	Case number (if known)
	First Name      Middle Name      Last Name	
Debtor 2	ASHLEY NICOLE BRANNOCK	
	First Name      Middle Name      Last Name	

- Debtor 1 only       An agreement you made (such as mortgage or secured car loan)
- Debtor 2 only       Statutory lien (such as tax lien, mechanic's lien)
- Debtor 1 and Debtor 2 only       Judgment lien from a lawsuit
- At least one of the debtors and another       Other (including a right to offset)      Non-Purchase Money Security
- Check if this claim relates to a community debt

Opened 7/01/12  
Last  
Active  
Date debt was incurred 11/30/12      Last 4 digits of account number 0501

2.6	World Finance	Describe the property that secures the claim:	\$1,469.00	Unknown	\$1,469.00
	Creditor's Name	HHG'S			
	World Acceptance Corp/Attn Bankruptcy Po Box 6429 Greenville, SC 29606	As of the date you file, the claim is: Check all that apply.			
	Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			

- Who owes the debt?** Check one.
- Debtor 1 only       Contingent
- Debtor 2 only       Unliquidated
- Debtor 1 and Debtor 2 only       Disputed
- At least one of the debtors and another       Other (including a right to offset)      Non-Purchase Money Security
- Check if this claim relates to a community debt

Opened 7/01/12  
Last  
Active  
Date debt was incurred 10/31/12      Last 4 digits of account number 7001

Add the dollar value of your entries in Column A on this page. Write that number here:	\$23,249.99
If this is the last page of your form, add the dollar value totals from all pages.	\$23,249.99
Write that number here:	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code ADVANCE FINANCIAL (RA) C/O MICHAEL HODGES 1901 CHURCH STREET Nashville, TN 37203	On which line in Part 1 did you enter the creditor? 2.1
		Last 4 digits of account number

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code INSOLVE AUTO FUNDING C/O CAPITAL RECOVERY GROUP PO BOX 64090 Tucson, AZ 85728	On which line in Part 1 did you enter the creditor? 2.2
		Last 4 digits of account number

Debtor 1	BEAU ASHLEY BRANNOCK	Case number (if known)	_____
	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK		
	First Name	Middle Name	Last Name
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code SPRINGLEAF FIN S 1312 MEMORIAL BLVD. Murfreesboro, TN 37129		On which line in Part 1 did you enter the creditor?	2 . 3
		Last 4 digits of account number	_____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code SPRINGLEAF FIN SERVICES (RA) C/O CT CORP STE 2021 800 S GAY ST Knoxville, TN 37929		On which line in Part 1 did you enter the creditor?	2 . 3
		Last 4 digits of account number	_____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code SUNLOAN 876 MADISON SQUARE Madison, TN 37115		On which line in Part 1 did you enter the creditor?	2 . 4
		Last 4 digits of account number	_____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code SUNLOAN (RA) C/O CAPITAL CORPORATE SERVICES, INC. STE B 992 DAVIDSON DRIVE Nashville, TN 37205		On which line in Part 1 did you enter the creditor?	2 . 4
		Last 4 digits of account number	_____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code WORLD FINANCE 4035 N MOUNT JULIET RD. Mount Juliet, TN 37122		On which line in Part 1 did you enter the creditor?	2 . 5
		Last 4 digits of account number	_____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code WORLD FINANCE (RA) C/O C T CORPORATION SYSTEM STE 2021 800 S GAY ST Knoxville, TN 37929		On which line in Part 1 did you enter the creditor?	2 . 5
		Last 4 digits of account number	_____

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE				
Case number (if known)				

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	IRS	Last 4 digits of account number	\$4,582.00	\$4,582.00	\$0.00
	Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	FED INCOME TAXES-2013			

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.1	<p>AAA STORAGE OF TENNESSEE, LLC</p> <p>Nonpriority Creditor's Name 218 EAST HIGH ST. Lebanon, TN 37087</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 5186</p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>STORAGE FEE'S</u></p>	<p style="text-align: right;">\$325.00</p>
4.2	<p>ADVANCE FINANCIAL</p> <p>Nonpriority Creditor's Name 1901 CHURCH STREET Nashville, TN 37203</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>LOAN</u></p>	<p style="text-align: right;">\$700.00</p>
4.3	<p>AT&amp;T MOBILITY</p> <p>Nonpriority Creditor's Name JAMES GRUDUS ESQ. ONE AT&amp;T WAY ROOM 3A218 Bedminster, NJ 07921</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>NOTICE OF BANKRUPTCY</u></p>	<p style="text-align: right;">\$0.00</p>

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

<p>4.4</p> <p><b>BANK OF AMERICA</b> Nonpriority Creditor's Name PO BOX 7047 Dover, DE 19903 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____ <b>\$ 0.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>NOTICE OF BANKRUPTCY</u> _____</p>
<p>4.5</p> <p><b>BARCLAYS BANK OF DELAWARE</b> Nonpriority Creditor's Name 125 S WEST ST Wilmington, DE 19801 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____ <b>\$ 0.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>NOTICE OF BANKRUPTCY</u> _____</p>
<p>4.6</p> <p><b>BELK</b> Nonpriority Creditor's Name PO BOX 530940 Atlanta, GA 30353 Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____ <b>\$ 0.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>NOTICE OF BANKRUPTCY</u> _____</p>

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.7	CAPITAL ONE AUTO Nonpriority Creditor's Name C/O ASCENSION CAPITAL GROUP PO BOX 201347 Arlington, TX 76006 Number Street City State Zip Code	Last 4 digits of account number	\$ 0.00
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply</p>			
4.8	Capital One Auto Finance Nonpriority Creditor's Name 3905 N Dallas Pkwy Plano, TX 75093 Number Street City State Zip Code	Last 4 digits of account number	\$ 8,338.38
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>Automobile</u></p> <p><input type="checkbox"/> Yes</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply</p>			
4.9	CAPITAL ONE N.A. Nonpriority Creditor's Name C/O Portfolio Recovery Associates 287 Independence Virginia Beach, VA 23462 Number Street City State Zip Code	Last 4 digits of account number	\$ 628.00
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <u>COLLECTION</u></p> <p><input type="checkbox"/> Yes</p>			
<p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p><b>As of the date you file, the claim is:</b> Check all that apply</p>			

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.1 0	CAPITAL ONE NA Nonpriority Creditor's Name C/O BECKET AND LEE PO BOX 3001 Malvern, PA 19355 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY			

4.1 1	CARSON SMITHFIELD Nonpriority Creditor's Name PO BOX 9216 Old Bethpage, NY 11804 Number Street City State Zip Code	Last 4 digits of account number	2678	\$840.62
When was the debt incurred?				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify MEDICAL				

4.1 2	CASH EXPRESS, LLC Nonpriority Creditor's Name C/O MARK SHARBER ATTORNEY AT LAW 1443 MEMORIAL BLVD. Murfreesboro, TN 37129 Number Street City State Zip Code	Last 4 digits of account number	1071	\$760.00
When was the debt incurred?				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify PENDING CIVIL SUIT				

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.1 3	Cashcall Inc Nonpriority Creditor's Name 1 City Blvd W Orange, CA 92868 Number Street City State Zip Code	Last 4 digits of account number 2570	\$1,474.00
		When was the debt incurred? Opened 4/01/12 Last Active 7/15/12	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>		

4.1 4	CBNA Nonpriority Creditor's Name PO BOX 550 Dickson, TN 37056 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>NOTICE OF BANKRUPTCY</u>		

4.1 5	Ccs/bryant State Bank Nonpriority Creditor's Name 500 E 60th St N Sioux Falls, SD 57104 Number Street City State Zip Code	Last 4 digits of account number 0830	\$367.00
		When was the debt incurred? Opened 1/01/12 Last Active 8/03/12	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.1 6	Ccs/first National Ban Nonpriority Creditor's Name 500 East 60th St North Sioux Falls, SD 57104 Number Street City State Zip Code	Last 4 digits of account number 9954	\$492.00
		When was the debt incurred? Opened 09/11 Last Active 7/09/12	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	

4.1 7	Certfd Rcvry Nonpriority Creditor's Name Po Box 808 Eau Claire, WI 54702 Number Street City State Zip Code	Last 4 digits of account number 5112	\$1,477.00
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Med1 02 Beaver Dam Community Hospita	

4.1 8	COMENITY BANK/LANE BRYANT Nonpriority Creditor's Name 4590 E BROAD ST. Columbus, OH 43213 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.1  
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CREDIT ONE BANK	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name PO BOX 98875 Las Vegas, NV 89193	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

4.2  
0

FIRST PREMIER BANK	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name 601 S MINNESOTA AVE Sioux Falls, SD 57104	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

4.2  
1

FNCC/Legacy Visa	Last 4 digits of account number	\$492.00
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5097 Sioux Falls, SD 57117	When was the debt incurred?	
Number Street City State Zip Code	Opened 9/01/11	Last Active 7/09/12
<b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Credit Card	

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.2

FOX COLLECTION CENTER Nonpriority Creditor's Name FOX COLLECTION CENTER PO BOX 528 Goodlettsville, TN 37070-0528 Number Street City State Zip Code	Last 4 digits of account number 7900	\$120.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> Opened 1/01/14	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Springfield Radiology Assoc	

4.3

FRIST TN BANK Nonpriority Creditor's Name 1283 N. MOUNT JULIET RD. Mount Juliet, TN 37122 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

4.4

GECRB/JCP Nonpriority Creditor's Name PO BOX 984100 El Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Is the claim subject to offset?</b>	<b>Type of NONPRIORITY unsecured claim:</b>	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.2  
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GECRB/WALMART	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name PO BOX 984100 El Paso, TX 79998	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

4.2  
6

GREENLEAF	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name 5610 OLD HICKORY BLVD. Hermitage, TN 37076	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

4.2  
7

HEIGHTS FINANCE (RA)	Last 4 digits of account number	0108	\$0.00
Nonpriority Creditor's Name 7707 N. KNOXVILLE AVE SUITE 201 PO BOX 9520 Peoria, IL 61612	When was the debt incurred?		Opened 11/04/11 Last Active 8/10/12
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
<b>Who incurred the debt?</b> Check one.			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY		

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.2 8 Hillcrest Credit Agn 0069 \$342.00

Nonpriority Creditor's Name  
Attention: Bankruptcy  
Department  
Po Box 2220  
Bowling Green, KY 42122  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 0069 **When was the debt incurred?** Opened 5/01/14 Last Active 6/06/14

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Collection Attorney The Medical Center At Bowling

4.2 9 Hillcrest Credit Agn 1517 \$230.00

Nonpriority Creditor's Name  
Attention: Bankruptcy  
Department  
Po Box 2220  
Bowling Green, KY 42122  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 1517 **When was the debt incurred?** Opened 3/01/14

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Collection Attorney Gravesgilbert Clinic

4.3 0 Hillcrest Credit Agn 5075 \$141.00

Nonpriority Creditor's Name  
Attention: Bankruptcy  
Department  
Po Box 2220  
Bowling Green, KY 42122  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 5075 **When was the debt incurred?** Opened 2/01/14

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Collection Attorney Gravesgilbert Clinic

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.3 1 Hillcrest Credit Agn  
Nonpriority Creditor's Name  
Attention: Bankruptcy  
Department  
Po Box 2220  
Bowling Green, KY 42122  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 5797 **When was the debt incurred?** Opened 5/01/14 **As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Collection Attorney Anesthesia Pain Spec Of Bg

4.3 2 JC CHRISTENSEN AND ASSOC.-KOHLS  
Nonpriority Creditor's Name  
PO BOX 519  
Sauk Rapids, MN 56379  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 1852 **When was the debt incurred?** **As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify COLLECTION ACCOUNT

4.3 3 KEYSTONE RECOVERY PARTNERS SERIES II  
Nonpriority Creditor's Name  
C/O WEINSTIEN AND RILEY PS  
2001 WESTERN AVE STE 400  
Seattle, WA 98121  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** **When was the debt incurred?** **As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify NOTICE OF BANKRUPTCY

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.3  
4

LEGACY

Nonpriority Creditor's Name

PO BOX 5097

Sioux Falls, SD 57117

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify NOTICE OF BANKRUPTCY

4.3  
5

LIBERTY BELL S&L

Nonpriority Creditor's Name

1625 BEAVER RD.

Baden, PA 15005

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify NOTICE OF BANKRUPTCY

4.3  
6

LVNV FUNDING/CREDIT ONE BANK

Nonpriority Creditor's Name

C/O CREDIT CONTROL LLC

5757 PHANTOM DRIVE STE 330

Hazelwood, MO 63042

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

6318

\$543.18

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify COLLECTION

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.3  
7

Merrick Bk  
Nonpriority Creditor's Name  
Attn: Bankruptcy  
P.O. Box 9201  
Old Bethpage, NY 11804  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 2678 \$841.00

When was the debt incurred? Opened 6/01/11 Last Active 8/13/12

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card

4.3  
8

NATIONS CASH ONLINE  
Nonpriority Creditor's Name  
Customer Service Fax:  
1-866-379-9157  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 7777 \$777.00

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify LOAN

4.3  
9

NCO FIN/99  
Nonpriority Creditor's Name  
PO BOX 15636  
Wilmington, DE 19850  
Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 0.00

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify NOTICE OF BANKRUPTCY

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.4  
0

NES

Nonpriority Creditor's Name  
1214 CHURCH STREET  
NASHVILLE, TN 37246  
Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify NOTICE OF BANKRUPTCY

4.4  
1

ONYX ACCEPTANCE

Nonpriority Creditor's Name  
C/O ASCENSION CAPITAL GROUP  
PO BOX 201347  
Arlington, TX 76006  
Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify NOTICE OF BANKRUPTCY

4.4  
2

ORCHARD BANK/HSBC

Nonpriority Creditor's Name  
PO BOX 810  
Lake Forest, IL 60045  
Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify NOTICE OF BANKRUPTCY

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.4  
3

Pennyrite Collection Nonpriority Creditor's Name Po Box 965 Hopkinsville, KY 42241 Number Street City State Zip Code	Last 4 digits of account number 8544	\$57.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> Opened 5/01/14	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Neonatal Services Psc</u>	

4.4  
4

PEYTON PARK Nonpriority Creditor's Name C/O National Credit System 3750 Naturally Fresh Blv Atlanta, GA 30349 Number Street City State Zip Code	Last 4 digits of account number 8915	\$1,484.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b> Opened 06/16	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>COLLECTION</u>	

4.4  
5

PORTFOLIO RECOVERY Nonpriority Creditor's Name PO BOX 12914 Norfolk, VA 23541 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
<b>Who incurred the debt?</b> Check one.	<b>When was the debt incurred?</b>	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>NOTICE OF BANKRUPTCY</u>	

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.4  
6

PRA RECEIVABLES MMGMT Nonpriority Creditor's Name PO BOX 41067 Norfolk, VA 23541 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

4.4  
7

PREMIER BANKCARD Nonpriority Creditor's Name PO BOX 2208 Vacaville, CA 95696 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

4.4  
8

Quantum3 Group LLC as agent for Nonpriority Creditor's Name COMENITY BANK PO BOX 788 Kirkland, WA 98083 Number Street City State Zip Code	Last 4 digits of account number	\$0.00
<b>Who incurred the debt?</b> Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE ONLY	

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.4  
9

RADIOLOGY ALLIANCE, PC	Last 4 digits of account number	5777	\$100.00
Nonpriority Creditor's Name 210 25TH AVE. N SUITE 602 Nashville, TN 37203	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify MEDICAL		
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

4.5  
0

RE: DOCKET # 2015-CV-1071	Last 4 digits of account number	\$0.00	
Nonpriority Creditor's Name WILSON COUNTY GENERAL SESSIONS COURT 105 East High Street Lebanon, TN 37087	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY		
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

4.5  
1

RUTHERFORD CREDIT	Last 4 digits of account number	\$0.00	
Nonpriority Creditor's Name 224 WEST NORTFILED BLVD Murfreesboro, TN 37129	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY		
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.5 2	SPEEDY CASH Nonpriority Creditor's Name PO BOX 101928 DEPT. 2280 Birmingham, AL 35210 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6806 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$1,279.30
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4.5 3	Springfield Radiology Assoc Nonpriority Creditor's Name C/O FOX COLLECTION CENTER PO BOX 528 Goodlettsville, TN 37070-0528 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7900 When was the debt incurred? Opened 01/14 Last Active 7/07/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION	\$0.00
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4.5 4	STONES RIVER MEDICAL GROUP Nonpriority Creditor's Name C/O Cbscol Clark P.O. Box 482 Clarksville, TN 37041 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0656 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION	\$200.00
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Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.5  
5

SYNCHRONY BANK	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name BANKRUPTCY DEPT PO BOX 965061 Orlando, FL 32896-5061	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify NOTICE OF BANKRUPTCY	

4.5  
6

T MOBILE	Last 4 digits of account number	\$507.13
Nonpriority Creditor's Name PO BOX 629025 El Dorado Hills, CA 95762	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify PHONE	

4.5  
7

TIME WARNER CABLE	Last 4 digits of account number	\$136.00
Nonpriority Creditor's Name C/O Receivables Performance 20816 44th Ave W Lynnwood, WA 98036	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify COLLECTION	

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.5 8	TIME WARNER CABLE	Last 4 digits of account number	9304	\$210.00
Nonpriority Creditor's Name C/O Mrs Bpo Llc 1930 Olney Ave Cherry Hill, NJ 08003				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Contingent Unliquidated Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>COLLECTION</u>				

4.5 9	TN QUICK CASH	Last 4 digits of account number		\$0.00
Nonpriority Creditor's Name 408 Suite A South Cumberland Lebanon, TN 37087				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Contingent Unliquidated Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>NOTICE OF BANKRUPTCY</u>				

4.6 0	TRISTAR SUMMIT MEDICAL CENTER	Last 4 digits of account number	4168	\$1,439.96
Nonpriority Creditor's Name PO BOX 290429 Nashville, TN 37229-0429				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Contingent Unliquidated Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u>				

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

4.6 1	<p>TWO RIVERS EMERG. PHYS., PLLC</p> <p>Nonpriority Creditor's Name PO BOX 37983 Philadelphia, PA 19101-7983</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 1683</p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>MEDICAL</u></p>	<p style="text-align: right;">\$1,086.00</p>
4.6 2	<p>VERIZON WIRELESS</p> <p>Nonpriority Creditor's Name 1 VERIZON PL Alpharetta, GA 30004</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>NOTICE OF BANKRUPTCY</u></p>	<p style="text-align: right;">\$0.00</p>
4.6 3	<p>WILSON BANK AND TRUST</p> <p>Nonpriority Creditor's Name 623 W. MAIN ST Lebanon, TN 37087</p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 6478</p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>OVERDRAFT FEES</u></p>	<p style="text-align: right;">\$527.00</p>

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known) \_\_\_\_\_

BELK  
PO BOX 981491  
El Paso, TX 79998

Line 4 . 6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
BELLSOUTH TELECOMMUNICATIONS  
% AT&T SERVICES INC.  
KAREN CAVAGNARO ONE AT&T WAY  
RM 3A 231  
Bedminster, NJ 07921

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 3 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
CAP ONE  
P O BOX 5253  
Richmond, VA 23285

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 10 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
CAPITAL ONE  
PO BOX 85520  
Richmond, VA 23285

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 10 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
CAPITAL ONE AUTO FINANCE  
9441 LBJ FREEWAY SUITE 350  
Dallas, TX 75243

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 8 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
CASHCALL INC.  
C/O WEINSTEIN AND RILEY PS  
2001 WESTERN AVE STE 400  
Seattle, WA 98121

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 13 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
CERTIFIED RECOVERY  
1280 W CLAIRMONT A SUITE 1  
Eau Claire, WI 54701

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 17 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
HEIGHTS FINANCE  
352 W. NORTHFIELD BLVD.  
Nashville, TN 37219

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 27 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
KOHLS  
N56 W 17000 RIDGEWOOD DRIVE  
Menomonee Falls, WI 53051

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 32 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
LVNV FUNDING  
RESURGENT CAPITAL SERVICES  
PO BOX 10587  
Greenville, SC 29603

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 36 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
MERRICK BANK  
RESURGENT CAPITAL SERVICES  
PO BOX 10368  
Greenville, SC 29603

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 37 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
PEYTON PARK / AGPM  
C/O GERALD E. MOORE &  
ASSOCIATES, PC

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4 . 44 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known) \_\_\_\_\_

PO BOX 312057  
Atlanta, GA 31131

Last 4 digits of account number

608

Name and Address  
PRODUCTIVE SPECIALTY LAB  
FOX COLLECTION CENTER  
PO BOX 528  
Goodlettsville, TN  
37070-0528

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.22 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
SUMMIT MEDICAL CENTER  
C/O NPAS, INC  
PO BOX 99400  
Louisville, KY 40269

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.60 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4168

Name and Address  
SYNCHRONY BANK  
BANKRUPTCY DEPT  
PO BOX 965061  
Orlando, FL 32896-5061

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
TWO RIVERS EMERGENCY  
PHYSICIANS  
C/O BAY AREA CREDIT SERVICE  
PO BOX 467600  
Atlanta, GA 31146

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line 4.61 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6348

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim	
	6a.	\$ 0.00
6b.	6b.	\$ 4,582.00
6c.	6c.	\$ 0.00
6d.	6d.	\$ 0.00
6e.	6e.	\$ 4,582.00
Total claims from Part 2	Total Claim	
	6f.	\$ 0.00
6g.	6g.	\$ 0.00
6h.	6h.	\$ 0.00
6i.	6i.	\$ 26,169.40
6j.	6j.	\$ 26,169.40

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK		
	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 TIM DAVIS	ONE YEAR HOUSE LEASE ; \$1000/MONTH

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE				
Case number (if known) _____				

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_  
City \_\_\_\_\_

Street \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**3.2**

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_  
City \_\_\_\_\_

Street \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK
Debtor 2 (Spouse, if filing)	ASHLEY NICOLE BRANNOCK
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE
Case number (If known)	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

## Official Form 106I

### Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	TRUCK DRIVER	
Employer's name	BEACON TRANSPORT, LLC	
Employer's address	PO BOX 40972 Nashville, TN 37204	
How long employed there?	DECEMBER 2016	

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 4,286.97	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 4,286.97	\$ 0.00

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 4,286.97	\$ 0.00

Copy line 4 here .....

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions  
 5b. Mandatory contributions for retirement plans  
 5c. Voluntary contributions for retirement plans  
 5d. Required repayments of retirement fund loans  
 5e. Insurance  
 5f. Domestic support obligations  
 5g. Union dues  
 5h. Other deductions. Specify: .....

5a.	\$ 502.97	\$ 0.00
5b.	\$ 0.00	\$ 0.00
5c.	\$ 0.00	\$ 0.00
5d.	\$ 0.00	\$ 0.00
5e.	\$ 0.00	\$ 0.00
5f.	\$ 0.00	\$ 0.00
5g.	\$ 0.00	\$ 0.00
5h.+	\$ 0.00	+ \$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ 502.97 \$ 0.00

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 3,784.00 \$ 0.00

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ 0.00

- 8b. Interest and dividends

8b. \$ 0.00 \$ 0.00

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00 \$ 0.00

- 8d. Unemployment compensation

8d. \$ 0.00 \$ 0.00

- 8e. Social Security

8e. \$ 0.00 \$ 0.00

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: FOOD STAMPS

8f. \$ 771.00 \$ 0.00

- 8g. Pension or retirement income

8g. \$ 0.00 \$ 0.00

- 8h. Other monthly income. Specify: .....

8h.+ \$ 0.00 + \$ 0.00

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ 771.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 4,555.00 + \$ 0.00 = \$ 4,555.00

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: .....

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ 4,555.00

Combined  
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: .....

Fill in this information to identify your case:

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK  
(Spouse, if filing)  
United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE  
Case number (If known)

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?  No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

Daughter

1

No

Yes

No

Yes

No

Yes

No

Yes

Son

3

Daughter

6

3. Do your expenses include  
expenses of people other than  
yourself and your dependents?  No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage  
payments and any rent for the ground or lot.

4. \$ 1,000.00

#### Your expenses

If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00  
4b. \$ 30.00  
4c. \$ 0.00  
4d. \$ 0.00  
5. \$ 0.00



**United States Bankruptcy Court**  
**Middle District of Tennessee**

In re BEAU ASHLEY BRANNOCK  
ASHLEY NICOLE BRANNOCK

Debtor(s)

Case No. \_\_\_\_\_  
Chapter 7

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (NOTE: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income \$ 0.00

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor)	\$ <u>0.00</u>
4. Payroll Taxes	<u>0.00</u>
5. Unemployment Taxes	<u>0.00</u>
6. Worker's Compensation	<u>0.00</u>
7. Other Taxes	<u>0.00</u>
8. Inventory Purchases (Including raw materials)	<u>0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>0.00</u>
10. Rent (Other than debtor's principal residence)	<u>0.00</u>
11. Utilities	<u>0.00</u>
12. Office Expenses and Supplies	<u>0.00</u>
13. Repairs and Maintenance	<u>0.00</u>
14. Vehicle Expenses	<u>0.00</u>
15. Travel and Entertainment	<u>0.00</u>
16. Equipment Rental and Leases	<u>0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>0.00</u>
18. Insurance	<u>0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>0.00</u>

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	TOTAL
-------------	-------

21. Other (Specify):

DESCRIPTION	TOTAL
-------------	-------

22. Total Monthly Expenses (Add items 3-21) \$ 0.00

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:**

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 0.00

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK		
	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ BEAU ASHLEY BRANNOCK

BEAU ASHLEY BRANNOCK  
Signature of Debtor 1

Date March 10, 2017

/s/ ASHLEY NICOLE BRANNOCK

ASHLEY NICOLE BRANNOCK  
Signature of Debtor 2

Date March 10, 2017

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	ASHLEY NICOLE BRANNOCK		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
608 PAYTON CIR. Lebanon, TN 37087	From-To: JUNE 2014 - APRIL 2015	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:
1040 SHIVE LANE APT. D1 BOWLING GREEN,	From-To: JUNE 2013-JUNE 2014	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From-To:
156 ANDERS DRIVE BOWLING GREEN, KY 42110	From-To: JUNE 2012-JUNE 2013	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$4,417.72	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
<b>For last calendar year: (January 1 to December 31, 2016)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$58,002.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
<b>For the calendar year before that: (January 1 to December 31, 2015)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$47,462.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>		
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	FOOD STAMPS	\$771.00		
<b>For last calendar year: (January 1 to December 31, 2016)</b>	FOOD STAMPS	\$3,342.00		
<b>For the calendar year before that: (January 1 to December 31, 2015)</b>	FOOD STAMPS	\$2,400.00		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
IN RE: BEAU ASHLEY BRANNOCK AND ASHLEY NICOLE BRANNOCK 15-04245	CHAPTER 13 BANKRUPTCY	MIDDLE DISTRICT OF TENNESSEE	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
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14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
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#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
HENRY E. HILDEBRAND, III CHAPTER 13 TRUSTEE Nashville, TN 37203	TOTAL PAID IN APPROX \$9,039.45	STARTED 2015	\$903,945.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
AAA STORAGE OF TENNESSEE, LLC 218 E. HIGH ST. Lebanon, TN 37087	BEAU AND ASHLEY BRANNOCK	NO LONGER OWN	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.**
- Yes. Check all that apply above and fill in the details below for each business.**

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No**
- Yes. Fill in the details below.**

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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**Part 12: Sign Below**

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ BEAU ASHLEY BRANNOCK  
BEAU ASHLEY BRANNOCK  
Signature of Debtor 1

/s/ ASHLEY NICOLE BRANNOCK  
ASHLEY NICOLE BRANNOCK  
Signature of Debtor 2

Date March 10, 2017

Date March 10, 2017

Did you attach additional pages to **Your Statement of Financial Affairs for Individuals Filing for Bankruptcy** (Official Form 107)?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of Person \_\_\_\_\_. Attach the **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119).

Fill in this information to identify your case:

Debtor 1	BEAU ASHLEY BRANNOCK		
	First Name	Middle Name	Last Name
Debtor 2	ASHLEY NICOLE BRANNOCK		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: ADVANCE FINANCIAL/harpeth	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2006 KIA SPECTRA 131,000 miles		
Creditor's name: INLAND BANK AND TRUST	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: 2013 MAZDA 5 60,000 miles		
Creditor's name: Springleaf Financial S	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: avoid lien using 11 U.S.C. § _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: HHG 'S		

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known)

522 (f)

Creditor's Sun Loans  
name:

- Surrender the property.  No  
 Retain the property and redeem it.  Yes  
 Retain the property and enter into a  
*Reaffirmation Agreement*.  
 Retain the property and [explain]:  
avoid lien using 11 U.S.C. §  
522 (f)

Description of HHG 'S  
property  
securing debt:

Creditor's World Finance  
name:

- Surrender the property.  No  
 Retain the property and redeem it.  Yes  
 Retain the property and enter into a  
*Reaffirmation Agreement*.  
 Retain the property and [explain]:  
avoid lien using 11 U.S.C. §  
522 (f)

Description of HHG 'S  
property  
securing debt:

Creditor's World Finance  
name:

- Surrender the property.  No  
 Retain the property and redeem it.  Yes  
 Retain the property and enter into a  
*Reaffirmation Agreement*.  
 Retain the property and [explain]:  
avoid lien using 11 U.S.C. §  
522 (f)

Description of HHG 'S  
property  
securing debt:

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:  
Description of leased  
Property:

No

Yes

Debtor 1 BEAU ASHLEY BRANNOCK  
Debtor 2 ASHLEY NICOLE BRANNOCK

Case number (if known) \_\_\_\_\_

Lessor's name:  
Description of leased  
Property:

No

Yes

Lessor's name:  
Description of leased  
Property:

No

Yes

**Part 3: Sign Below**

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

**X** /s/ BEAU ASHLEY BRANNOCK  
BEAU ASHLEY BRANNOCK  
Signature of Debtor 1

**X** /s/ ASHLEY NICOLE BRANNOCK  
ASHLEY NICOLE BRANNOCK  
Signature of Debtor 2

Date March 10, 2017

Date March 10, 2017

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245	filin	g fee
\$75	adminis	trative fee
+ <u>      </u>	\$15	trustee surcharge
\$335 total fee		

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+      \$75	<u>administrative fee</u>
	\$275     total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+      \$75	<u>administrative fee</u>
	\$310     total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

BEAU ASHLEY BRANNOCK  
2970 HARTSVILLE PIKE  
LEBANON TN 37087

ASHLEY NICOLE BRANNOCK  
2970 HARTSVILLE PIKE  
LEBANON TN 37087

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LAW OFFICE OF DAVID F CANNON  
ATTORNEYS AT LAW  
346 21ST AVE NORTH  
NASHVILLE, TN 37203

AAA STORAGE OF TENNESSEE, LLC  
218 EAST HIGH ST.  
LEBANON TN 37087

ADVANCE FINANCIAL  
1901 CHURCH STREET  
NASHVILLE TN 37203

ADVANCE FINANCIAL (RA)  
C/O MICHAEL HODGES  
1901 CHURCH STREET  
NASHVILLE TN 37203

ADVANCE FINANCIAL/HARPETH  
C/O GLEN WATSON, ATTORNEY  
P.O. BOX 121950  
NASHVILLE TN 37212

AT&T MOBILITY  
JAMES GRUDUS ESQ.  
ONE AT&T WAY ROOM 3A218  
BEDMINSTER NJ 07921

BANK OF AMERICA  
PO BOX 7047  
DOVER DE 19903

BARCLAYS BANK OF DELAWARE  
125 S WEST ST  
WILMINGTON DE 19801

BELK  
PO BOX 530940  
ATLANTA GA 30353

BELK  
PO BOX 981491  
EL PASO TX 79998

BELLSOUTH TELECOMMUNICATIONS  
% AT&T SERVICES INC.  
KAREN CAVAGNARO ONE AT&T WAY RM 3A 231  
BEDMINSTER NJ 07921

CAP ONE  
P O BOX 5253  
RICHMOND VA 23285

CAPITAL ONE  
PO BOX 85520  
RICHMOND VA 23285

CAPITAL ONE AUTO  
C/O ASCENSION CAPITAL GROUP  
PO BOX 201347  
ARLINGTON TX 76006

CAPITAL ONE AUTO FINANCE  
3905 N DALLAS PKWY  
PLANO TX 75093

CAPITAL ONE AUTO FINANCE  
9441 LBJ FREEWAY SUITE 350  
DALLAS TX 75243

CAPITAL ONE N.A.  
C/O PORTFOLIO RECOVERY ASSOCIATES  
287 INDEPENDENCE  
VIRGINIA BEACH VA 23462

CAPITAL ONE NA  
C/O BECKET AND LEE  
PO BOX 3001  
MALVERN PA 19355

CARSON SMITHFIELD  
PO BOX 9216  
OLD BETHPAGE NY 11804

CASH EXPRESS, LLC  
C/O MARK SHARBER ATTORNEY AT LAW  
1443 MEMORIAL BLVD.  
MURFREESBORO TN 37129

CASHCALL INC  
1 CITY BLVD W  
ORANGE CA 92868

CASHCALL INC.  
C/O WEINSTEIN AND RILEY PS  
2001 WESTERN AVE STE 400  
SEATTLE WA 98121

CBNA  
PO BOX 550  
DICKSON TN 37056

CCS/BRYANT STATE BANK  
500 E 60TH ST N  
SIOUX FALLS SD 57104

CCS/FIRST NATIONAL BAN  
500 EAST 60TH ST NORTH  
SIOUX FALLS SD 57104

CERTFD RCVRY  
PO BOX 808  
EAU CLAIRE WI 54702

CERTIFIED RECOVERY  
1280 W CLAIRMONT A SUITE 1  
EAU CLAIRE WI 54701

COMENITY BANK/LANE BRYANT  
4590 E BROAD ST.  
COLUMBUS OH 43213

CREDIT ONE BANK  
PO BOX 98875  
LAS VEGAS NV 89193

FIRST PREMIER BANK  
601 S MINNESOTA AVE  
SIOUX FALLS SD 57104

FNCC/LEGACY VISA  
ATTN: BANKRUPTCY  
PO BOX 5097  
SIOUX FALLS SD 57117

FOX COLLECTION CENTER  
FOX COLLECTION CENTER  
PO BOX 528  
GOODLETTSVILLE TN 37070-0528

FRIST TN BANK  
1283 N. MOUNT JULIET RD.  
MOUNT JULIET TN 37122

GECRB/JCP  
PO BOX 984100  
EL PASO TX 79998

GECRB/WALMART  
PO BOX 984100  
EL PASO TX 79998

GREENLEAF  
5610 OLD HICKORY BLVD.  
HERMITAGE TN 37076

HEIGHTS FINANCE  
352 W. NORTHLAND BLVD.  
NASHVILLE TN 37219

HEIGHTS FINANCE (RA)  
7707 N. KNOXVILLE AVE SUITE 201  
PO BOX 9520  
PEORIA IL 61612

HILLCREST CREDIT AGN  
ATTENTION: BANKRUPTCY DEPARTMENT  
PO BOX 2220  
BOWLING GREEN KY 42122

INLAND BANK AND TRUST  
2805 BUTTERFIELD RD SUITE 200  
OAK BROOK IL 60523

INSOLVE AUTO FUNDING  
C/O CAPITAL RECOVERY GROUP  
PO BOX 64090  
TUCSON AZ 85728

IRS  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

JC CHRISTENSEN AND ASSOC.-KOHLS  
PO BOX 519  
SAUK RAPIDS MN 56379

KEYSTONE RECOVERY PARTNERS SERIES II  
C/O WEINSTIEN AND RILEY PS  
2001 WESTERN AVE STE 400  
SEATTLE WA 98121

KOHLS  
N56 W 17000 RIDGEWOOD DRIVE  
MENOMONEE FALLS WI 53051

LEGACY  
PO BOX 5097  
SIOUX FALLS SD 57117

LIBERTY BELL S&L  
1625 BEAVER RD.  
BADEN PA 15005

LVNV FUNDING  
RESURGENT CAPITAL SERVICES  
PO BOX 10587  
GREENVILLE SC 29603

LVNV FUNDING/CREDIT ONE BANK  
C/O CREDIT CONTROL LLC  
5757 PHANTOM DRIVE STE 330  
HAZELWOOD MO 63042

MERRICK BANK  
RESURGENT CAPITAL SERVICES  
PO BOX 10368  
GREENVILLE SC 29603

MERRICK BK  
ATTN: BANKRUPTCY  
P.O. BOX 9201  
OLD BETHPAGE NY 11804

NATIONS CASH ONLINE  
CUSTOMER SERVICE FAX: 1-866-379-9157

NCO FIN/99  
PO BOX 15636  
WILMINGTON DE 19850

NES  
1214 CHURCH STREET  
NASHVILLE TN 37246

ONYX ACCEPTANCE  
C/O ASCENSION CAPITAL GROUP  
PO BOX 201347  
ARLINGTON TX 76006

ORCHARD BANK/HSBC  
PO BOX 810  
LAKE FOREST IL 60045

PENNYRILE COLLECTION  
PO BOX 965  
HOPKINSVILLE KY 42241

PEYTON PARK  
C/O NATIONAL CREDIT SYSTEM  
3750 NATURALLY FRESH BLV  
ATLANTA GA 30349

PEYTON PARK / AGPM  
C/O GERALD E. MOORE & ASSOCIATES, PC  
PO BOX 312057  
ATLANTA GA 31131

PORTFOLIO RECOVERY  
PO BOX 12914  
NORFOLK VA 23541

PRA RECEIVABLES MMGMT  
PO BOX 41067  
NORFOLK VA 23541

PREMIER BANKCARD  
PO BOX 2208  
VACAVILLE CA 95696

PRODUCTIVE SPECIALTY LAB  
FOX COLLECTION CENTER  
PO BOX 528  
GOODLETTSVILLE TN 37070-0528

QUANTUM3 GROUP LLC AS AGENT FOR  
COMENITY BANK  
PO BOX 788  
KIRKLAND WA 98083

RADIOLOGY ALLIANCE, PC  
210 25TH AVE. N  
SUITE 602  
NASHVILLE TN 37203

RE: DOCKET # 2015-CV-1071  
WILSON COUNTY GENERAL SESSIONS COURT  
105 EAST HIGH STREET  
LEBANON TN 37087

RUTHERFORD CREDIT  
224 WEST NORTHFILED BLVD  
MURFREESBORO TN 37129

SPEEDY CASH  
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DEPT. 2280  
BIRMINGHAM AL 35210

SPRINGFIELD RADIOLOGY ASSOC  
C/O FOX COLLECTION CENTER  
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STE 2021 800 S GAY ST  
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SPRINGLEAF FINANCIAL S  
PO BOX 3251  
EVANSVILLE IN 47731

STONES RIVER MEDICAL GROUP  
C/O CBSCOL CLARK  
P.O. BOX 482  
CLARKSVILLE TN 37041

SUMMIT MEDICAL CENTER  
C/O NPAS, INC  
PO BOX 99400  
LOUISVILLE KY 40269

SUN LOANS  
620 GALLATIN PIKE  
MADISON TN 37115

SUNLOAN  
876 MADISON SQUARE  
MADISON TN 37115

SUNLOAN (RA)  
C/O CAPITAL CORPORATE SERVICES, INC.  
STE B 992 DAVIDSON DRIVE  
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SYNCHRONY BANK  
BANKRUPTCY DEPT  
PO BOX 965061  
ORLANDO FL 32896-5061

T MOBILE  
PO BOX 629025  
EL DORADO HILLS CA 95762

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C/O RECEIVABLES PERFORMANCE  
20816 44TH AVE W  
LYNNWOOD WA 98036

TIME WARNER CABLE  
C/O MRS BPO LLC  
1930 OLNEY AVE  
CHERRY HILL NJ 08003

TN QUICK CASH  
408 SUITE A SOUTH CUMBERLAND  
LEBANON TN 37087

TRISTAR SUMMIT MEDICAL CENTER  
PO BOX 290429  
NASHVILLE TN 37229-0429

TWO RIVERS EMERG. PHYS., PLLC  
PO BOX 37983  
PHILADELPHIA PA 19101-7983

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C/O BAY AREA CREDIT SERVICE  
PO BOX 467600  
ATLANTA GA 31146

VERIZON WIRELESS  
1 VERIZON PL  
ALPHARETTA GA 30004

WILSON BANK AND TRUST  
623 W. MAIN ST  
LEBANON TN 37087

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WORLD ACCEPTANCE CORP/ATTN BANKRUPTCY  
PO BOX 6429  
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WORLD FINANCE  
4035 N MOUNT JULIET RD.  
MOUNT JULIET TN 37122

WORLD FINANCE (RA)  
C/O C T CORPORATION SYSTEM  
STE 2021 800 S GAY ST  
KNOXVILLE TN 37929

**United States Bankruptcy Court  
Middle District of Tennessee**

In re BEAU ASHLEY BRANNOCK  
ASHLEY NICOLE BRANNOCK

Debtor(s)

Case No.

Chapter

7

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: March 10, 2017

/s/ BEAU ASHLEY BRANNOCK

BEAU ASHLEY BRANNOCK

Signature of Debtor

Date: March 10, 2017

/s/ ASHLEY NICOLE BRANNOCK

ASHLEY NICOLE BRANNOCK

Signature of Debtor